

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 06-117 SLR

Attached below is a return receipt card reflecting proof of service  
upon the named party on the date show.

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p><u>06-117-SLR</u></p> <p>A. Signature<br/><b>X</b> <u>SATV Dyer</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>V Dyer</u> C. Date of Delivery <u>4/6/06</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p><u>Captain NFN Repetti</u><br/><u>BWCI</u><br/><u>660 Baylor Boulevard</u><br/><u>New Castle, DE 19720</u></p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p><u>7005 1820 0004 3169 5711</u></p>  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

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